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Santos, Márcia Sousa; Moura, Maria Eliete Batista; Nery, Inez Sampaio; Lago, Eliana Campêlo; Nunes, Benevina Maria Vilar Teixeira

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RESEARCH

Training of nurses in primary health of women

Formação do enfermeiro na atenção básica à saúde da mulher

Formacion de enfermeras en primaria de salud de la mujer

Márcia Sousa Santos¹ Maria Eliete Batista Moura² Inez Sampaio Nery³ Eliana Campêlo Lago⁴ Benevina Maria Vilar Teixeira Nunes⁵

ABSTRACT

Objectives: To evaluate the influence of the nursing education process in primary care related to women's health. In addition, to analyze nursing training in primary care for women's health and as a National Policy for Comprehensive Care of Women's Health. **Method:** An exploratory study with 30 nurses from the Family Health Strategy. Data were generated through interviews, processed and analyzed in Alceste4.8 by Descending Hierarchical Classification. **Results:** The data were presented as dendrogram classes: training at the graduate level to work in the area of women's health; the work of nurses in primary care to women's health; the Program for Integral Attention to Women's Health in primary care and continuing education of nurses in primary health care of women. **Conclusion:** Permanent education of nurses is necessary for the promotion healthcare and public policy on care for women. **Descriptors:** Nurse, Primary care, Women's health, Training of human resources.

RESUMO

Objetivos: Conhecer as influências do processo de formação profissional na atuação do enfermeiro na atenção primária relacionada à saúde da mulher e analisar a formação do enfermeiro da atenção básica na saúde da mulher conforme a Política Nacional de Atenção Integral à Saúde da Mulher. **Método:** Estudo exploratório, com 30 enfermeiros da Estratégia Saúde da Família. Os dados foram produzidos por meio de entrevista, processados no Alceste 4.8 e analisados pela classificação hierárquica descendente. **Resultados:** Foram apresentados nas classes: formação em nível de graduação para atuação na área da saúde da mulher; o trabalho do Enfermeiro na atenção básica à saúde da mulher; o Programa de Atenção Integral à Saúde da Mulher, na atenção básica e educação permanente do enfermeiro na atenção básica à saúde da mulher. **Conclusão:** A educação permanente do enfermeiro é determinante para a promoção da saúde e atendimento às políticas públicas de atenção à mulher. **Descritores:** Enfermeiro, Atenção básica, Saúde da mulher, Formação de recursos humanos.

RESUMEN

Objetivos: Evaluar la influencia del proceso de enseñanza de la enfermería en la educación primaria y el análisis de la formación de enfermeras para atender a las mujeres como programa integral para la salud de las mujeres. **Método:** Un estudio exploratorio con 30 enfermeros de la Estrategia Salud de la Familia. Los datos fueron generados mediante entrevistas, procesados en Alceste4.8 y analizada por clasificación jerárquica descendente. **Resultados:** Fueron presentados en las clases dendrograma: formación a nivel de postgrado para trabajar en el área de salud de la mujer; el trabajo de las enfermeras en la atención primaria a la salud de las mujeres; el Programa de Atención Integral a la Salud de las Mujeres en la atención primaria y formación permanente del personal de enfermería en la atención primaria de la salud de la mujer. **Conclusiones:** La educación permanente del personal de enfermería es necesaria para la promoción la asistencia sanitaria y las políticas públicas de atención para las mujeres. **Descriptores:** Enfermera, La atención primaria, Salud de la mujer, Formación de recursos humanos.

¹ Nurse, Professional Masters Degree Program in Family Health, University Center UNINOVAFAPÍ, Graduate Professor at the Nursing School of Science and Technology of Maranhao - FACEMA - Maranhao - Brazil. mssenfermeira@gmail.com

² PhD in Nursing, Anna Nery School of Nursing (UFRJ), Coordinator of Research and the Professional Masters Program in Family Health, University Center - UNINOVAFAPÍ, Professor of the Undergraduate and Master's program in Nursing, Federal University of Piauí - UFPI - Piauí - Brazil. mestradosaudedafamilia@uninovafapi.edu.br

³ PhD in Nursing, Associate Professor II of Nursing Course-bachelor at UFPI, effective member of Master's Programs in Nursing and Master / Doctorate in Public Policies UFPI, Email: ineznery.ufpi@gmail.com

⁴ PhD in Biotechnology, Dental surgeon and Nurse, Professor of the Graduate and Professional Program Master's in Family Health Center UNINOVAFAPÍ. Professor of Graduate Nursing at the State University of Maranhao-UEMA and Professor of Nursing Graduation Nursing and Dentistry, Faculty Integral-Differential FACID-PI, Brazil, E-mail: elianalago@ig.com.br

⁵ PhD in Nursing, Professor of the Department of Nursing, effective member of the Masters Program in Nursing of the Federal University of Piauí. benevina@ufpi.edu.br

INTRODUCTION

The training of nurses is understood as a means of constant learning in relation to the institutions of education, health, community, authorities and other sectors of civil society, which must provide the training of professionals critical and concerned with the real needs of the clientele. The Family Health Strategy requires this prepared professional to act appropriately and qualified in female healthcare.

In primary care, nursing participates with competence and responsibility of the processes related to health promotion and disease prevention. Their actions seek satisfy the needs relating to women's health, to improve their quality of life.¹

The Family Health Strategy (FHS) comes to break the clinical care model, centered on medical consultation, the over-valuation of the hospital network, in culture of medicalization, in pre and post-consultation consultation and, especially in irresponsibility and lack of humanization in actions of promotion, prevention, recovery and rehabilitation of the health of individuals in certain areas of coverage.¹

The nurse has been an extremely important professional, along with their team, in the construction of this new healthcare model, since they develop care activities, manage and supervise nursing professionals. They also serve as technical an indispensable reference for some sectors at the health center, in addition to knowing the internal flow of health units, among other administrative activities.²

Nurses stand out as essential professional for composing a minimal staff of Family Healthcare, which requires this person to be

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prepared to act in an appropriate and qualified manner developing and acquiring new skills.

Improvement on the conditions for women's health depends on the success of health actions developed in the responsible primary units and carried out by a multidisciplinary team composed of: Community health agent - CHA, nursing assistant, nurse, nutritionist, doctor, dentist and social assistant, which act by means of individual care or in group, and appropriate to the needs of women, the family and the community.¹

Complying with all the health needs of women, integral care throughout their life cycle, educational practices that provide greater control and knowledge of their health. In addition family planning as a basic right and free choice of contraceptive methods by women and process partners are assumptions that shape a wider definition of reproductive health, in which all stages of woman's life, from adolescence to old age should be thematized²

According to the National Policy for Integral Attention to Women's Health (PNAISM), the women's healthcare should not be restricted to maternal and child care nor to limit the phases of life where women have reproductive capacity, it must encompass the entire life cycle of women.³

Given this problem, the study aims to know the influences of the process of professional education in the work of nurses in primary care related to women's health and analyze the training of nurses in primary care in women's health as the National Policy for Comprehensive Care for Women's Health.

METHODOLOGY

This is an exploratory research with qualitative approach for enabling better research

into the problems of research and study the training of nurses in primary health care of women.

The exploratory study is a type of field study, in which it develops a research whose objective is the formulation of questions or a problem, with the purpose to familiarize the researcher with an environment, fact or phenomenon to modify or clarify concepts.⁴

The scenario for this study was the city of Caxias, area of 5150.647 km ², located in the eastern region of the State of Maranhao, to 374 kilometers from the capital Sao Luís, and only 70 kilometers from the capital of Piauí, Teresina, Brazil. It has a population of approximately 155,129 inhabitants.⁵

There were 30 nurses included in the study, who perform care activities for women in the family health strategy in the city of Caxias do Maranhao, being excluded from the interns and professionals who carry out voluntary activities.

Considering the availability of the subjects participating in the study, it was requested that, after the verbal acceptance, they signed the Free and Informed Consent Form, which complies with the ethical and legal precepts as the Ethics in research Committee of the University Center UNINOVAFAPI, agreed with the requirements of Resolution 196/96.

The technique used to obtain the testimonies of nurses was the interview, defined as a conversation that has a purpose and that aims to operationalize the methodology addressed from the perspective of the participants.⁶ through this semi-structured instrument, data were produced between the months of September 2012 and February 2013.

The processing and analysis of data were performed by means of the *ALCESTE software* 4.8, which uses the co-occurrence of words in propositions, which constitute the text, in order to J. res.: fundam. care. online 2013. dec. 5(6):45-54

organize and summarize information considered most relevant, and has as a reference in its methodological basis, the conceptual approach and logic of lexical worlds.⁷

The program presents a possible organization of data through statistical analyzes and mathematical, providing the number of classes, the existing relations between the same, the semantic context of each class, among others. Beyond this, ALCESTE segments the material responses from interviews of subjects in large units called units of initial contexts (UIC) and in segments units called elementary contexts units (ECU).

The data were collected after approval of the Research Ethics Committee of the University Center UNINOVAFAPI - CAAE: 0484.0.043.000 -11 and authorization by the responsible local search respecting Resolution 196/96 of the CNS/MS.

RESULTS AND DISCUSSION

The Corpus was composed by 86 ECUs, corresponding to 65.15% of the total of 132 ECUs this *corpus* and the 100% of the total of study ECUs. Four semantic classes were identified in the material analyzed and the association of these variables of the study, gender, age, period and course, which represented 100% of material submitted to analysis. The corpus analyzed in this study consists of 30 initial context units (ICU) or interviews and was divided into 132 elementary context units (ECU).

The dendrogram represents 65.15% of ECUs (elementary context units) cut the text (of the 132 identified 86 ECUs were classified). Figure 1 below shows the thematic structure of the training of nurses in basic health care of women in four

classes: class 1 - semantic level Formation of graduation for operations in the area of women's health; class 4 - The nurse's work in primary healthcare for women; class 2 - The National Policy Comprehensive Care for Women's Health - PNAISM, in primary care and class 3 - Continuing education of nurses in primary health care of women.

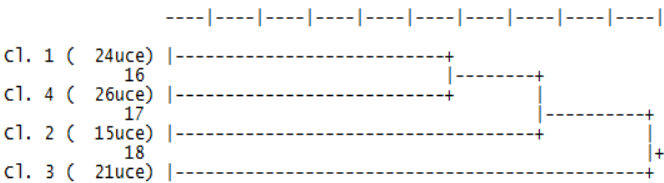


Figure 1 - Relationship between the classes or thematic contexts by Descending Hierarchical Classification
Source: Alceste 4,8

Class 1 - Training at the undergraduate level to performance in the area of women's health

Class 1, directly associated to classes 4 and 3, consisting of 24 ECUs, concentrates 27.91% of the classified ECUs. The words in their reduced forms selected by frequency and by the values of χ^2 more high class, objectified in the training of nurses to work in the family health strategy as shown in figure 1.

It was observed that the research subjects demonstrated existing aspects in undergraduate Nursing education, little explored in the women's health care, with an emphasis only in the area of obstetrics. It is what can be observed in the following ECUs:

During the undergraduate program the discipline of the family health and women's health offers us only the knowledge base (...) In training little relation with the contents on woman's health (...) Learning about women's health can happen following a specialization (...)

In ECUs above it is observed that during the initial training little has been discussed about the various phases that constitutes a woman's health, with this the professional feels unprepared to act in health services.

Since the beginning of the 20th century, nursing began to be structured as a professional activity. It can be said that it is one of the oldest professions, given that the need for care of people when they got sick, always existed. The figure of Florence Nightingale emerges as a milestone for the beginning of the structuring of profession.⁸

In nursing education, considering it as single educational function in socialization, only for the technical knowledge related to professional political admitted to the health professionals of this level is, probably, the risk to conceal basic elements of the deep understanding of those practices. In addition, it is ignoring the totality and complexity of education and professional exercise itself, which has as its criterion, less the ranking within a professional field, and more understanding of reality (principles, processes and procedures) for the development of human skills.⁹

The new curriculum guidelines for the nursing course has adopted more humanistic perspective. It is expected that the university institution, committed with the destiny of men, associate the maximum academic qualification with the maximum of social commitment, with a view to overcoming the fragmentation of current knowledge. The profile of the graduate, described in the curriculum guidelines is a professional with a generalist, humanist, critical and reflexive education, qualified for the exercise of Nursing, based on scientific rigor and intellectual, guided by ethical principles.¹⁰

Class 4 - The work of nurses in primary health care of women

Class 4, directly associated to class 1, consisting of 26 ECUs, concentrates 30.23% of the classified ECUs. The words in their reduced forms selected by frequency and by the values of χ^2 higher in the class were aimed at the work of nurses in primary health care of women as in figure 1.

The lack of resources hinder the performance of the professional (...) Varied problems in all age groups (...) Basic theoretical and practical knowledge of pregnant women (...) The management at the basic health unit is a difficult and complex job (...)

It was observed in these ECUs that nurses face several problems in basic health units, being that not only occurs in the woman, but also due to other bureaucratic activities carried out, lack of resources, as the inputs and also problems related to care for women throughout their life cycle.

In a brief diagnosis of the situation of Women's Health in Brazil, it is important to consider the fact that certain issues affect differently than men and women. It is shown in a remarkable way in the case of violence. While the mortality rate for violence affects men in large proportions, the morbidity, especially caused by domestic and sexual violence, affects primarily the female population.¹¹

Also in the case of health problems associated with the exercise of sexuality, women are particularly affected, and by special biological, has as a complication to vertical transmission of diseases such as syphilis and HIV, maternal mortality and the problems of morbidity still little studied.³

The right to health is guaranteed in the Federal Constitution/1988, for the entire population by means of public policies for the promotion of health. One of the actions in the field of health is the Primary Care that search to solve their health problems more frequent and of greater relevance to the population. The social reality can be better understood when it is expressed by means of indicators, which are instruments of identifiers variations and behaviors, to detect and evaluate public policies with a view to correct deficit realities and promote social development.³

The service model of the family health program is a challenge for the nurse who, as a participant of the healthcare team, must take into account the involvement of his act with all aspects of social, political, economic and cultural relevant for the process of transition and consolidation of the new healthcare model.¹⁵

It is important to emphasize that the art. 19 of the Code of Ethics in Nursing determines the responsibility of professionals in nursing in promoting improved technical, scientific and cultural staff under their guidance and supervision.¹⁶

Class 2 - The National Policy on Comprehensive Care in Women's Healthcare - PNAISM in primary care

Class 2, directly associated to class 1 and 4, consisting of 15 ECUs, concentrates 17.44% of the classified ECUs. The words in their reduced forms selected by frequency and by the values of χ^2 higher in the class, objectified in the Comprehensive Care in Women's Healthcare according to figure 1.

It is a care model that seeks to capture the patient and refocus the unified health system (...) A model for a reorientation of the basic care that aims through the establishment of a bond with the community (...) A care model in the context of SUS that reorients towards health promotion (...) The strategy that aims beyond recovery in health, to health promotion (...)

It was observed in these ECUs that professionals who are part of the primary care have a basic knowledge on how to approach these women, with this they need a service model that is linked to an holistic model in which can obtain a clearer knowledge to perform the care of women.

In 1984, the Ministry of Health has prepared the Comprehensive Care in Women's Healthcare - PNAISM, scoring mainly a conceptual break with the guiding principles of women's health policy and criteria for selection of priorities in this field..³

The comprehensive care to women's health refers to the set of the promotion, protection, care and recovery, performed at different levels of health care (from basic to high complexity). The right to health is guaranteed in the Federal Constitution/1988, for the entire population by means of public policies for the promotion of health. One of the actions in the field of health is the Primary Care that search to solve their health problems more frequent and of greater relevance to the population. The social reality can be better understood when it is expressed by means of indicators, which are instruments of identifiers variations and behaviors, to detect and evaluate public policies with a view to correct deficit realities and promote social development.³

The policies related to women's health should be understood in their broader dimension, J. res.: fundam. care. online 2013. dec. 5(6):45-54

aiming at the creation and expansion of the necessary conditions for the exercise of the rights of the woman, in the context of SUS, is in practice in partnership with the Health sector with other government sectors, with emphasis on safety, justice, labor, social welfare and education.¹⁷

Studies carried out to evaluate the stages of implementation of the policy on women's health have demonstrated the existence of difficulties in the deployment of these actions and, although it doesn't have a comprehensive overview of the situation in all municipalities, it can be stated that the majority still faces political difficulties, technical and administrative provisions.¹¹

This National Policy of Comprehensive Care in Women's Healthcare - PNAISM is developed by means of the exercise of care practices and management, democratic and participative, in the form of team work, directed to populations of defined territories, by which assumes the health responsibility, whereas the dynamics existing in the territory where these populations live. It uses technologies of care complex and varied that should assist in managing health demands and needs of greater frequency and relevance in its territory, observing criteria of risk, vulnerability, resilience, and the ethical imperative that all demand, need for health or suffering must be welcomed.³

Class 3 - Permanent education of nurses in primary health care of women

Class 3, directly associated with class 2, and indirectly associated classes 1 and 4 consists of 21 ECUs, representing 24.42% of the classified ECUs. The words in their reduced forms selected by frequency and by the values of χ^2 higher in the class were aimed at the permanent education of

nurses in primary health care of women as in figure 1.

Courses in the prevention of uterine cervix, breast cancer and sexually transmitted diseases (...) Pre-natal Care, postpartum care, family planning, sexually transmitted diseases (...) Training offered by the municipality on the prevention of the most common cancers (...) Courses and training on cytology and reading the results (...)

It was observed that these ECUs professionals, even in the face several difficulties to meet women in all their phases, they do trainings, capacity building and courses in order to perform the care in women's health.

The permanent education topic in health is being addressed in several studies. To understand its importance it is necessary to know the educational strategy that remains as continuing education. Continuing education is a model that has an established and pre-established vision without critical reflection on the part of health professionals. There is a great deal of concern on the part of professionals in relation to technical procedures, introduction of new equipment and see the supervision as a means of controlling, recognize failures and supervise the work.¹²

Permanent education is a strategy for transformation of practices of training, attention and management, formulation of public policies, popular participation and social control of health. Enables a change in behavior and attitudes of professionals, causing them to seek a reflective activity of their actions thus improve the service to the community and the school-work must be pursued constantly and allow the analysis presented problems for deep reflection, and with

this seek integration between education-work-citizenship¹³

Still in the context of education and health, the accumulation of knowledge, translated into technologies and indicators of the quality of work processes, has influenced the organization of work, requiring workers to acquire new skills in a dynamic way.¹⁴

Technological development is associated with the growing demand and needs, in qualitative and quantitative terms, health of the populations and requires the incorporation of permanent education processes, linked to a program for the development of people in a concrete reality of life and work.¹⁴

The Ministry of Health considers the Permanent Education educational concept, in the health sector, to make organic links between teaching, actions and services, and between teaching and healthcare, being expanded, in the Brazilian Health Reform, for relations between training and sector management, institutional development and social control in health. The constitutional responsibility of the Health System of organizing the training of human resources for the health sector and increase in its operating area, scientific and technological development.

CONCLUSION

The nurse, in this context, stands out as an indispensable professional in composing the minimal staff for Family Healthcare. In the Family Healthcare team, the activities carried out by this professional such as to plan, coordinate, evaluate and supervise the actions of Community Health Agents, perform integral assistance for a woman's health at all stages of development, as well as

identify the social needs of the population health and relate to it, constitute the largest proportion of actions carried out in primary care.

Through these reflections, it was possible to know, through this study, some aspects and enhancers of the formation process of nurses involved in the work of the first level of attention to women's health in the city of Caxias do Sul. Also involved is the understanding of the influences of the nursing training process in primary care as well as identify the essential skills for performing activities related to women's healthcare.

This work is the fruit of a social nature, with the potential to implement the recommendations of the public policies in healthcare. Therefore, challenging and at the same time, stimulating the construction of inseparable links between the education and the service for the training of qualified nurses to exercise the care needs and aspirations of women in the health field.

The study showed that the nurses, in their training, acquire the knowledge about the health of women of basic form, seek training courses and specializations and adopt an assistance model that contributes to health care for women in primary care. Even so, they face difficulties due to the lack of stimulation, material resources and autonomy to exercise their function and requires a permanent education as a determinant factor for the promotion of health care and the Public Care policies for women.

Nurses who are working in the Family Health Strategy of the municipality of Caxias for more than a year, only two have post-graduate degrees in maternal and child health, which demonstrates the lack of professional profile to act in women's healthcare. This interferes with the actions performed with women because the ignorance of the principles of the SUS and the

protocols recommended by the Ministry of Health related to care for women in their entire life cycle.

Whereas the training of human resources in health focusing on primary care has been identified as a priority for research, it is perceived, scarcity in the literature on the performance of nurses in the level of care for women. Thus, the study had limits as the difficulty in comparing the different profiles of nurses who work in the Family Health Strategy and theoretical approaches regarding the activities that the nurse has been performing in this field of activity. It is known that every study has its limits, and even considering the limitations of this, it is believed that its product has relevant elements to subsidize discussions on the training of nurses in primary health care of women.

As a contribution, it has been of assistance, the awareness of nurses in order to provide a humane and comprehensive care to women. In education as a source of study and capacity building from the establishment of an educational guide for the woman to understand how their body works throughout their life cycle. In the survey, by awakening the interest by other studies and improvement in the quality of education for all those involved in the care practice, related to women's health.

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